

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1445 Ross Avenue

Suite 1400

☐Check if different
than previously
reported. (ACC)

Dallas

TX

75202

2703

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00119354

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Todd Plott

Signature of Treasurer

Electronically Filed by Mr. Todd Plott

Date

0 1

2 2

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 50

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M
1 1D D
2 3Y Y Y Y
2 0 1 0

To:

M M
1 2D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		62272.29
(b) Cash on Hand at Beginning of Reporting Period	80532.04	
(c) Total Receipts (from Line 19)	9966.00	140258.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	90498.04	202530.89
7. Total Disbursements (from Line 31)	12000.00	124032.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	78498.04	78498.04
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	8976.00	107085.90
(ii) Unitemized	990.00	33172.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9966.00	140258.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9966.00	140258.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9966.00	140258.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9966.00	140258.60

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	99750.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	24282.85	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12000.00	124032.85	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	124032.85	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9966.00	140258.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9966.00	140258.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARC SOKOLOWICZ

Mailing Address 4971 NW 120TH AVE

City

CORAL SPRINGS

State

FL

Zip Code

33076-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 1 0

Transaction ID: 32766424

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JAIKUMAR KRISHNASWAMY

Mailing Address 13123 AVALANGE COURT

City

CYPRESS

State

TX

Zip Code

77429-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer

CYPRESS FAIRBANKS MEDICAL
CENTER

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1025621125198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

KEVIN MCCASLIN

Mailing Address 1415 MAIN ST

City

DALLAS

State

TX

Zip Code

75202-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1026156825198

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT RUSSELL

Mailing Address 1001 SARANAC PARK

City

PEACHTREE CITY

State

GA

Zip Code

30269-1274

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH FULTON MEDICAL CENT-
ER

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159116225198

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MARY ANN T RAILEY

Mailing Address 20230 PINGREE WAY

City

YORBA LINDA

State

CA

Zip Code

92887-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer
PLACENTIA LINDA HOSPITAL

Occupation
ASSOCIATE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1461493125198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

SHELLEY GILES

Mailing Address 3803 STOCKTON LN

City

DALLAS

State

TX

Zip Code

75287-4919

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1479664425198

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFFREY KOURY

Mailing Address 42 BARNEBURG

City

DOVE CANYON

State

CA

Zip Code

92679-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP AND REGIONAL CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1481203525198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JANIS THAYER

Mailing Address 1735 CRIMSON TERRACE

City

BRENTWOOD

State

CA

Zip Code

94513-2618

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1481210625198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

LAWRENCE M COOMES

Mailing Address 7464 NW 114TH TERRACE

City

PARKLAND

State

FL

Zip Code

33076-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEST BOCA MEDICAL CENTER

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1568624225198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

116.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL K BURTNETT

Mailing Address 1131 N. EDGEFIELD AVE

City

DALLAS

State

TX

Zip Code

75208-3624

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1568624525198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

THOMAS RICE

Mailing Address 15126 FERDINAND DR

City

DALLAS

State

TX

Zip Code

75248-6437

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1592856025198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

ROBERT SMITH

Mailing Address 5325 TATE AVE

City

PLANO

State

TX

Zip Code

75093-3433

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1592857725198

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

232.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICKY JOHNSTON

Mailing Address 404 N.CHURCH ST

City

MCKINNEY

State

TX

Zip Code

75069

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1592858225198

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

WEBB COCHRAN

Mailing Address 3961 ST. CLAIRE CT

City

ATLANTA

State

GA

Zip Code

30319

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1594942625198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JAY MIRANDA

Mailing Address 15871 SW 148 TERRACE

City

MIAMI

State

FL

Zip Code

33196-5701

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORAL GABLES HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1734839225198

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LEAD FOURKILLER

Mailing Address 13219 GEORGE STREET

City

FARMERS BRANCH

State

TX

Zip Code

75234-5206

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1735529125198

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JASON E EVANS

Mailing Address 1808 FLINT RIDGE DR

City

ALLEN

State

TX

Zip Code

75002-1567

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAKE POINTE MEDICAL CENTER

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1735905225198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

CHAKILLA D ROBINSON

Mailing Address 6303 RICHMOND #202

City

DALLAS

State

TX

Zip Code

75214-3674

FEC ID number of contributing
federal political committee.

C

Name of Employer

DOCTORS HOSPITAL-DALLAS

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1735911225198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

154.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DANIEL WALDMANN

Mailing Address 1111 MONTCLAIR AVENUE

City

DALLAS

State

TX

Zip Code

75208

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2304.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1814798525198

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

CHARLOTTE M DARDANELLO

Mailing Address 1900 S. OCEAN BLVD. #16N

City

POMPANO BEACH

State

FL

Zip Code

33062-8010

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH SHORE MEDICAL CENTER

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2067935225198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

GREGORY S MANIS

Mailing Address 3305 STONEBROOK DR.

City

RICHARDSON

State

TX

Zip Code

75082-3667

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. MARY'S MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2070027425198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARK P LISA

Mailing Address 391 E MILGEO AVE

City
RIPON

State
CA

Zip Code
95366-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOCTORS HOSPITAL OF MANTE-
CA

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2174141225198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

PHILLIP SOWA

Mailing Address 4899 MONTROSE BLVD
#605

City
HOUSTON

State
TX

Zip Code
77006-6165

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARK PLAZA HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2174298125198

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

ROBERT J CUNNAH

Mailing Address 163 VILLAGIO WEST

City
PALM SPRINGS

State
CA

Zip Code
92262-6395

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT REGIONAL MEDICAL
CENTER

Occupation
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2174361625198

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

216.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HENRY T HUDSON III

Mailing Address 49150 GILA RIVER DRIVE

City

INDIO

State

CA

Zip Code

92201-8846

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT REGIONAL MEDICAL
CENTER

Occupation

ASSOCIATE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2174385925198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

WADE TYRRELL

Mailing Address 7844 ANNA CALLA WAY

City

BARTLETT

State

TN

Zip Code

38133-5812

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAINT FRANCIS HOSPITAL-BA-
RTLETT

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2174470725198

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

DENNIS M LITOS

Mailing Address 3204 GREENGATE DR

City

MODESTO

State

CA

Zip Code

95355-8446

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOCTORS MEDICAL CENTER-MO-
DESTO

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2174541525198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

174.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CATHRYN H FRASER

Mailing Address 272 ENCLAVES COURT

City

COPPELL

State

TX

Zip Code

75019-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2174559925198

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

ALVIN W JOSEPHS

Mailing Address 3717 HERWOL AVE

City

WACO

State

TX

Zip Code

76710-7218

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2174561225198

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

BRUCE MEARS

Mailing Address 10312 ARVIN HILL RD

City

AUBREY

State

TX

Zip Code

76227-6847

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2174562625198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BIGGS C PORTER

Mailing Address 4535 MANNING LANE

City

DALLAS

State

TX

Zip Code

75220-6434

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR2174563625198

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

JUAN D RODRIGUEZ

Mailing Address 4877 NORTHSORE DR

City

FRISCO

State

TX

Zip Code

75034-7568

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR2174564425198

Amount of Each Receipt this Period

19.00

P/R Deduction (\$19.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

WENDY TISCHLER

Mailing Address 5921 MALMESBURY RD

City

DALLAS

State

TX

Zip Code

75252-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR2174565825198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

239.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD BECK

Mailing Address 107 WATERMAN

City

IRVINE

State

CA

Zip Code

92602-1654

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2174566425198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

ERIC BURCH

Mailing Address 7085 CRYSTALLINE DRIVE

City

CARLSBAD

State

CA

Zip Code

92011-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2174566625198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JEFFERY FLOCKEN

Mailing Address 27 NEW DAWN

City

IRVINE

State

CA

Zip Code

92620-1976

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2174567325198

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PATRICIA SECHI

Mailing Address 1850 S. OCEAN DRIVE
#1802

City State Zip Code
HALLANDALE BEACH FL 33009-7680

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH SHORE MEDICAL CENTER

Occupation
ASSOCIATE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2216476825198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

SALLY A HURT-STEFFEN

Mailing Address 712 WALTHAM CT

City State Zip Code
EL PASO TX 79922-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA PROVIDENCE EASTSIDE
HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2248480225198

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

RICHARD E GLANCEY

Mailing Address 6516 VASCO WAY

City State Zip Code
EL PASO TX 79912-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA MEDICAL CENTER

Occupation
DIR PUBLIC RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2284144025198

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

216.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRADLEY C TAYLOR

Mailing Address 9438 THORNBERRY LANE

City

DALLAS

State

TX

Zip Code

75220-5145

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2284285125198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

DIANE KEENER

Mailing Address 8140 SANTA ROSA ROAD

City

ATASCADERO

State

CA

Zip Code

93422-4942

FEC ID number of contributing
federal political committee.

C

Name of Employer

TWIN CITIES COMMUNITY HOS-
PITAL

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2284585525198

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

MICHAEL BLACKBURN

Mailing Address 4141 16TH STREET NE

City

HICKORY

State

NC

Zip Code

28601-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer

FRYE REGIONAL MEDICAL CEN-
TER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2369304325198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

192.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN SHORT

Mailing Address 3108 CLYMER DRIVE

City

PLANO

State

TX

Zip Code

75025-5325

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP - PMI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2387796625198

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

PAUL CASTANON

Mailing Address 6307 PRESTON PARKWAY

City

DALLAS

State

TX

Zip Code

75205-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP & ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2398953025198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JACOB J. SPRUIT

Mailing Address 5608 MAXON MARSH DRIVE

City

HIRAM

State

GA

Zip Code

30141-2879

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH FULTON MEDICAL CENT-
ER

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2398965025198

Amount of Each Receipt this Period

46.00

P/R Deduction (\$23.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

162.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEPHEN D. PRESTON

Mailing Address 3680 VILLAGE CENTER LANE

City

BIRMINGHAM

State

AL

Zip Code

35226-6343

FEC ID number of contributing
federal political committee.

C

Name of Employer

BROOKWOOD MEDICAL CENTER

Occupation

VP External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2428718425198

Amount of Each Receipt this Period

57.00

P/R Deduction (\$19.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MR MICHAEL R HOLMES

Mailing Address 4241 VETERANS BLVD
#200

City

METAIRIE

State

LA

Zip Code

70006

FEC ID number of contributing
federal political committee.

C

Name of Employer

DIAGNOSTIC IMAGING SERVICES

Occupation

CEO DIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2440288725198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JACQUELINE HERD

Mailing Address 3571 CARRIAGE GLEN WAY

City

Dacula

State

GA

Zip Code

30019-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer

ATLANTA MEDICAL CENTER

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2441476025198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

153.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KELVIN BAGGETT

Mailing Address 5721 EDMONDSON ROAD PK #205

City

NASHVILLE

State

TN

Zip Code

37211

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2444580825198

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

TYLER MURPHY

Mailing Address 108 LONDONBERRY TERRACE

City

SOUTHLAKE

State

TX

Zip Code

76092-7321

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP/TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2444580925198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

MR. JAMES MIKE THATCHER

Mailing Address 2904 CROOKED STICK

City

PLANO

State

TX

Zip Code

75093-6352

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2460337925198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

154.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES M. COWLING

Mailing Address 111 SUNSET COVE LANE

City

PALM BEACH GARDENS

State

FL

Zip Code

33418-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer

PALM BEACH GARDENS MEDICAL
CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2460338225198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MICHAEL HALTER

Mailing Address 111 RIGHTERS MILL RD

City

PENN VALLEY

State

PA

Zip Code

19072-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer

HAHNEMANN UNIVERSITY HOSP-
ITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR406763225198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

LEONARD ROSENFELD

Mailing Address 7243 BAXTERSHIRE DRIVE

City

DALLAS

State

TX

Zip Code

75230-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1488.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407201325198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

152.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CINDY L JAMES

Mailing Address 4716 DE GREY LANE

City

PLANO

State

TX

Zip Code

75093-7443

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407203825198

Amount of Each Receipt this Period

16.00

P/R Deduction (\$8.00 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

THOMAS WOLF

Mailing Address 2613 MILLINGTON DRIVE

City

PLANO

State

TX

Zip Code

75093-3560

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407205125198

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

HANK D IRICK JR.

Mailing Address 3305 ELAM CT

City

PLANO

State

TX

Zip Code

75093-8087

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407205825198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

68.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM R WATTS

Mailing Address 7504 DANFIELD CT

City

DALLAS

State

TX

Zip Code

75252-6823

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407209425198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

DONALD E LAUGHLIN

Mailing Address 4185 CLOVERPORT RD

City

TOONE

State

TN

Zip Code

38381-8059

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAINT FRANCIS HOSPITAL

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407210525198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

STEVE BROWN

Mailing Address 16 SARAH NASH CT

City

DALLAS

State

TX

Zip Code

75225-2072

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4940.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407210625198

Amount of Each Receipt this Period

380.00

P/R Deduction (\$190.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

438.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN B MCDONALD

Mailing Address 2230 WARNER ROAD

City

FORT WORTH

State

TX

Zip Code

76110-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407215825198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

WAYNE E COBB

Mailing Address 4001 ORCHID LANE

City

MANSFIELD

State

TX

Zip Code

76063-5577

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407216425198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

TERESA L HUSKEY

Mailing Address 4333 PERSHING AVE

City

FT WORTH

State

TX

Zip Code

76107-4243

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

894.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407218625198

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

174.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHERRY J HENDERSON

Mailing Address 25 NIGHT HERON PL

City

HICKORY

State

NC

Zip Code

28601-8806

FEC ID number of contributing
federal political committee.

C

Name of Employer

FRYE REGIONAL MEDICAL CEN-
TER

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407219725198

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JAMES E MCPARTLAND

Mailing Address 1805 LONGWOOD CT

City

ALLEN

State

TX

Zip Code

75013-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407221525198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JOE D THOMASON

Mailing Address 4006 RAMSGATE CT

City

COLLEYVILLE

State

TX

Zip Code

76034-4473

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407222125198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

154.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT S HENDLER

Mailing Address 11122 W RICKS CIRCLE

City

DALLAS

State

TX

Zip Code

75230-3032

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

REGIONAL CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407222825198

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

CONLEY S CERVANTES

Mailing Address 819 CAMBRIDGE MANOR LANE

City

COPPELL

State

TX

Zip Code

75019-6105

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407224725198

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

MARK E PEACOCK

Mailing Address 1120 CHESTERTON DR

City

RICHARDSON

State

TX

Zip Code

75080-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407226025198

Amount of Each Receipt this Period

3.00

P/R Deduction (\$3.00 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

127.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DOUGLAS E RABE

Mailing Address 9923 CAPRIDGE DR

City

DALLAS

State

TX

Zip Code

75238-3469

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407227325198

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MICHAEL S HONGOLA

Mailing Address 6704 WESTMONT DRIVE

City

COLLEYVILLE

State

TX

Zip Code

76034-7263

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407227625198

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

GARY K RUFF

Mailing Address 714 KENT CT

City

SOUTHLAKE

State

TX

Zip Code

76092-8868

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP & GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407229225198

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

464.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM T MOORE

Mailing Address 3014 CASTLE PINES DRIVE

City

DULUTH

State

GA

Zip Code

30097-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTA MEDICAL CENTER

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407231825198

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JOHN QUINN

Mailing Address 1138 PINE VALLEY ROAD

City

GRIFFIN

State

GA

Zip Code

30224-4953

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPALDING REGIONAL HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1488.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407236025198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

CHARLES MILLER

Mailing Address 747 MENDENHALL CT

City

FORT MILL

State

SC

Zip Code

29715-7852

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIEDMONT MEDICAL CENTER

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407241425198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

154.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN F HOLLAND

Mailing Address 3610 EDGEWATER STREET

City

DALLAS

State

TX

Zip Code

75205-4317

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407242925198

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JAMES D DORIS

Mailing Address 264 IDLEWILDE LANE

City

SANFORD

State

NC

Zip Code

27332-9304

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTRAL CAROLINA HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407244825198

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

RALPH ALEMAN

Mailing Address 6301 COLLINS AVE #2608

City

MIAMI BEACH

State

FL

Zip Code

33141-4645

FEC ID number of contributing
federal political committee.

C

Name of Employer

HIALEAH HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407245325198

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

302.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARRY L GAUSE

Mailing Address 1150 LAKE COLANY LANE

City

VESTAVIA HILLS

State

AL

Zip Code

35242-7423

FEC ID number of contributing
federal political committee.

C

Name of Employer

BROOKWOOD MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407248725198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

DAVID L ARCHER

Mailing Address 2594 HOCKSETT COVE

City

GERMANTOWN

State

TN

Zip Code

38139-6655

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAINT FRANCIS HOSPITAL

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1992.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407250425198

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

SUELLEN SMITH

Mailing Address 84 TIERRA VISTA LANE

City

PASO ROBLES

State

CA

Zip Code

93446-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407254525198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

232.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEPHEN L NEWMAN MD

Mailing Address 11034 TIBBS STREET

City

DALLAS

State

TX

Zip Code

75230-3450

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407257725198

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

ALAN R CASON

Mailing Address 112 GOLDEN PHEASANT ST

City

SLIDELL

State

LA

Zip Code

70461-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHSHORE REGIONAL MEDIC-
AL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407263525198

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

TERRY WHEELER

Mailing Address 13802 MAGNOLIA MANOR

City

CYPRESS

State

TX

Zip Code

77429-8162

FEC ID number of contributing
federal political committee.

C

Name of Employer

CYPRESS FAIRBANKS MEDICAL
CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407265625198

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

494.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARY L HONT'S JR.

Mailing Address 1855 SILVERWINGS CT

City

MORGAN HILL

State

CA

Zip Code

95037-9002

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMUNITY HOSPITAL OF LOS
GATOS

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407266425198

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MICHELE C MEYER

Mailing Address 230 GRIMSLEY STAT BLUFF

City

SAINT LOUIS

State

MO

Zip Code

63129-5030

FEC ID number of contributing
federal political committee.

C

Name of Employer
DES PERES HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407268525198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

SAMUEL G HARRIS

Mailing Address 933 HAVENHURST

City

WEST HOLLYWOOD

State

CA

Zip Code

90046-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407271125198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

156.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CRAIG C ARMIN

Mailing Address 23510 BERDON STREET

City

WOODLAND HILLS

State

CA

Zip Code

91367-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407274125198

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

KENT G CLAYTON

Mailing Address 3 TURTLE BAY DRIVE

City

NEWPORT BEACH

State

CA

Zip Code

92660-4266

FEC ID number of contributing
federal political committee.

C

Name of Employer

PLACENTIA LINDA HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407278125198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

GARY J SLOAN

Mailing Address 615 STEVENS CT

City

DANVILLE

State

CA

Zip Code

94506-4805

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAN RAMON REGION MEDICAL
CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407278825198

Amount of Each Receipt this Period

19.00

P/R Deduction (\$19.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CANDACE MARKWITH

Mailing Address 980 ISABELLA WAY

City

SAN LUIS OBISPO

State

CA

Zip Code

93405-6186

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA VISTA REGIONAL MED-
ICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407280325198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

RODNEY A REASONER

Mailing Address 1960 MARY LEE LN

City

ALLEN

State

TX

Zip Code

75002-8528

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407280925198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

MICHELE M FINNEY

Mailing Address 21521 TURTLEDOVE STREET

City

TRABUCO CANYON

State

CA

Zip Code

92679-3486

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOS ALAMITOS MEDICAL CENT-
ER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407283925198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEN WHEAT

Mailing Address 38041 E. BOGERT TRAIL

City

PALM SPRINGS

State

CA

Zip Code

92264-9638

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT REGIONAL MEDICAL
CENTER

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR407288725198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

RICK LYONS

Mailing Address 2425 BATTERING ROCK RD

City

TEMPLETON

State

CA

Zip Code

93465-8371

FEC ID number of contributing
federal political committee.

C

Name of Employer
TWIN CITIES COMMUNITY HOS-
PITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR413941925198

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

KENNETH F SUTHERLAND

Mailing Address 102 WILMINGTON CT

City

SOUTHLAKE

State

TX

Zip Code

76092-8492

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR839152225198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

192.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PATRICIA C JOHNSON

Mailing Address 4616 LARGO DR.

City

FLOWER MOUND

State

TX

Zip Code

75028-3936

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR839196425198

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

EDWARD MESCO

Mailing Address 7365 NW 54TH STREET

City

LAUDERHILL

State

FL

Zip Code

33319-6346

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR839477825198

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

KEM M MULLINS

Mailing Address 10101 FRENCH SPRINGS RD

City

LAKELAND

State

TN

Zip Code

38002-8425

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAINT FRANCIS HOSPITAL-BA-
RTLETT

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR839557425198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

128.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AUDREY T ANDREWS

Mailing Address 702 PENFOLDS

City

COPPELL

State

TX

Zip Code

75019-4544

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR840566925198

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

DREW P KAHN

Mailing Address 16015 KEMPTON PARK

City

SPRING

State

TX

Zip Code

77379-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOUSTON NW MEDICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR840590425198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

DEBORAH DALEY

Mailing Address PO BOX 757

City

EDGEWOOD

State

TX

Zip Code

75117-0757

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR840706225198

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CRYSTAL L HAYNES

Mailing Address 3924 FLORA PLACE

City

ST. LOUIS

State

MO

Zip Code

63110-3733

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAINT LOUIS UNIVERSITY HO-
SPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR840796025198

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

DAVID W BORDOFSKE

Mailing Address 5001 ASHLAND BELLE LANE

City

FRISCO

State

TX

Zip Code

75035-7682

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR840924625198

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

HOAI-SON L NGUYEN

Mailing Address 303 PRINCE ALBERT CT

City

RICHARDSON

State

TX

Zip Code

75081-5059

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR841515825198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

178.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
GEORGE M BARTON

Mailing Address P. O. BOX 37

City State Zip Code
ROSSVILLE TN 38066-0037

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST FRANCIS BARTLETT MC

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR841534325198

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
HUILING ZHANG

Mailing Address 2901 DANIEL AVE

City State Zip Code
DALLAS TX 75205-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR841724225198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
DEBBIE FOWLER

Mailing Address 5018 SHADY GLEN

City State Zip Code
GARLAND TX 75043-2918

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR842079525198

Amount of Each Receipt this Period

34.00

P/R Deduction (\$17.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN TILLY

Mailing Address 1221 WENTWOOD

City

IRVING

State

TX

Zip Code

75061-4456

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation

VP & ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR842232425198

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

ELIZABETH JOHNSON

Mailing Address 3302 MARSH LANE

City

GRAPEVINE

State

TX

Zip Code

76051-6828

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR842373125198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JUDITH STIMSON-RUSIN

Mailing Address 11807 LITTLESTONE COURT

City

WEST PALM BEACH

State

FL

Zip Code

33412-1621

FEC ID number of contributing
federal political committee.

C

Name of Employer
PALM BEACH GARDENS MEDICAL
CENTER

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR842449825198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

246.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BRIAN REILLY

Mailing Address 55 PARRY DR

City State Zip Code
HAINESPORT NJ 08036-4881

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAHNEMANN UNIVERSITY HOSP-
ITAL

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR843214425198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)
JEFFREY L RYAN

Mailing Address 72 WESTBROOK DRIVE

City State Zip Code
MOORESTOWN NJ 08057-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAHNEMANN UNIVERSITY HOSP-
ITAL

Occupation
DIRECTOR OF OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR843240725198

Amount of Each Receipt this Period

57.00

P/R Deduction (\$19.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)
BARBARA H ZURZOLO

Mailing Address 13 GREENBRIAR LANE

City State Zip Code
PAOLI PA 19301-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SR. MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR843854925198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

97.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LESTER G COTTLE

Mailing Address 1625 FAWN LN

City

HUNTINGDON VALLEY

State

PA

Zip Code

19006-7917

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST CHRISTOPHER'S HOSPITAL
FOR CHILDREN

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR843874925198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MANUEL LINARES

Mailing Address 7710 CENTER BAY DR

City

NORTH BAY VILLAGE

State

FL

Zip Code

33141-4019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH SHORE MEDICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR844477225198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

DAVID PETTIT

Mailing Address 5124 DESERT VIXEN RD

City

PALM BEACH GARDENS

State

FL

Zip Code

33418-7819

FEC ID number of contributing
federal political committee.

C

Name of Employer
PALM BEACH GARDENS MEDICAL
CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR844609425198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

134.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PATRICIA L BRAINERD

Mailing Address 5412 GLENSHIRE DR

City

PLANO

State

TX

Zip Code

75093-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR844644425198

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

STEVEN B BARR

Mailing Address 1300 BINZ

City

HOUSTON

State

TX

Zip Code

77004-7016

FEC ID number of contributing
federal political committee.

C

Name of Employer

PLAZA SPECIALTY HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR844656625198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

THOMAS I RUNKLE

Mailing Address 868B PENNOCK ST

City

PHILADELPHIA

State

PA

Zip Code

19130-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer

HAHNEMANN UNIVERSITY HOSP-
ITAL

Occupation

DIRECTOR OF OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR844712825198

Amount of Each Receipt this Period

57.00

P/R Deduction (\$19.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LYNNE SCROGGINS

Mailing Address 3777 PEACHTREE RD NE 632

City

ATLANTA

State

GA

Zip Code

30319-5209

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTA MEDICAL CENTER

Occupation

ASSOCIATE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR844786225198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

SCOTT A RIFKIN

Mailing Address 2188 ASPEN

City

TUSTIN RANCH

State

CA

Zip Code

92782-8339

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOS ALAMITOS MEDICAL CENT-
ER

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR846690225198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

ERIC M DELGADO

Mailing Address 4734 BRIERCREST AVE.

City

LAKEWOOD

State

CA

Zip Code

90713-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer
IRVINE REGIONAL HOSPITAL
MEDICAL CENTE

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR846888225198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL J KING

Mailing Address 2713 STUYVESANT CR

City

MODESTO

State

CA

Zip Code

95356-0337

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOCTORS MEDICAL CENTER-MO-
DESTO

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR847417825198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MARK A NEU

Mailing Address 144 WILD HORSE LOOP

City

RANCHO SANTA MARGA

State

CA

Zip Code

92688-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR847814225198

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

STEVEN G WASSERMAN

Mailing Address 6132 DEERHILL RD

City

OAK PARK

State

CA

Zip Code

91377-5832

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAP MANAGEMENT SYSTEMS

Occupation
CHIEF INFO OFFICER-CMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR847970125198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

96.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MONICA C VARGAS

Mailing Address 4017 FLAMINGO

City

EL PASO

State

TX

Zip Code

79902-1313

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA PROVIDENCE EASTSIDE
HOSPITAL

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR849126625198

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JAMES CLEMENTS

Mailing Address 3013 GOLF CREST LANE

City

WOODSTOCK

State

GA

Zip Code

30189-8197

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH FULTON MEDICAL CENT-
ER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR849790225198

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

114.00

TOTAL This Period (last page this line number only)

8976.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Bob Casey for Senate	Transaction ID: 32648207 Date of Disbursement
Mailing Address 607 Fourteenth Street, NW Suite 800	<div> <div>11</div> <div>30</div> <div>2010</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary	<div>1000.00</div>
Candidate Name Senator Bob Casey	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	2012 Primary
B. Full Name (Last, First, Middle Initial) Federation of American Hospitals PAC (FedPAC)	Transaction ID: 32687491 Date of Disbursement
Mailing Address 750 9th Street, NW Suite 600	<div> <div>12</div> <div>01</div> <div>2010</div> </div>
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Contribution	<div>5000.00</div>
Candidate Name Federation of American Hospitals PAC (FedPAC)	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	2010 Contribution
C. Full Name (Last, First, Middle Initial) The Reyes Committee Inc.	Transaction ID: 32741208 Date of Disbursement
Mailing Address 499 South Capitol Street SW Suite 422	<div> <div>12</div> <div>14</div> <div>2010</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary	<div>1000.00</div>
Candidate Name Rep. Silvestre Reyes	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	2012 Primary

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

American Hospital Association PAC

Mailing Address 325 7th Street, NW
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
2010 Contribution

Candidate Name
American Hospital Association PAC

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32753192

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2010

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

2010 Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

12000.00